

the youth and/or the family. In making these decisions it will be important that those more closely involved with the implementation of these programs should receive education regarding mental illness so that they can make better decisions regarding the alternatives for these children.

Federal Funding: There is no doubt that implementation of the above recommendations is a costly endeavor. Support at the federal level in the way of legislation that provides line item funding for these services is recommended.

Mr. Speaker, children's mental health needs to be a national priority in this country today!

In this nation, we have taken great strides to address spend 10 times the amount on research into childhood cancer, than on children's mental health, yet one of five children is affected by some sort of mental illness.

Even more devastating is the fact that although one in five children and adolescents has a diagnosable mental, emotional, or behavioral problem that can lead to school failure, substance abuse, violence or suicide, 75 to 80 percent of these children do not receive any services in the form of specialty treatment or some form of mental health intervention.

This heartbreaking story of Kip Kinkle, the fifteen year-old student of Springfield, Oregon, who shot his parents and went to school to kill several other students is tragic, yet illuminating.

For three years before this horrendous event, Kip suffered from psychosis and heard voices, yet no one did anything to address this situation. No teacher sent him to the nurse and no one asked his parents to take him to a doctor to find out what was wrong.

This is why I stand before you today to encourage my Colleagues to address the inadequate funding for comprehensive children's mental health services. We need to reach these 75 to 80 percent of children suffering from mental illness and not allow any more days to go by, otherwise we are waiting for another school tragedy like Kip Kinkle to occur.

The recent Surgeon General's Report on Children's Mental Health specifically states that "most children in need of mental health services do not get them . . ." Hence, when children's mental health needs are not met, young people often get caught in child protective services or the juvenile justice system. As a result, we see that almost 60 percent of teenagers in juvenile detention have behavioral, mental or emotional disorders.

Although children's mental health services were funded at the President's request under H.R. 4577, this funding was still below the requested funding by National Mental Health Association and the Federation of Families for Children's Mental Health Services. In order to adequately fund children's mental health services, we would need to fund this program with at least \$93 million and not the \$86 million allocated in the poorly funded bill H.R. 4577.

Currently, the Children's Mental Health Services Program only serves approximately 34,000 children. Additional funding would enable more states to provide more mental health services on the community level.

This is why I attempted to offer an amendment to H.R. 4577 to increase the funding for the Substance Abuse and Mental Health Serv-

ices Administration by \$10 million dollars. The intent of this Amendment was to increase the funding for the Children's Mental Health Services Program under SAMSHA.

Both the National Mental Health Association and the Federation of Families for Children's Mental Health Services support increased funding for children's mental health and agree that we need to focus this nation's attention on intervention measures so that we can prevent tragedies like Columbine in Littleton, Colorado, Heath High School in Paducah, Kentucky, and Westside Middle School in Jonesboro, Arkansas.

The grant programs funded under the comprehensive community mental health services program are critical to insure that children with mental health problems and their families have access to a full array of quality and appropriate care in their communities. To date, there have not been sufficient funds to award grants to communities in all the states.

It is also crucial that we emphasize the fact that mental health disorders often lead to teen suicide with a person under the age of 25 committing suicide every 1 hour and 57 minutes! The fact that 8 out of 10 suicidal persons give some sign of their intentions also begs the question, why do we not make children's mental health a national priority.

We know that more teenagers died from suicide than from cancer, heart disease, AIDS, birth defects, strokes, influenza and chronic lung disease combined.

Because childhood depression is so very prevalent, we must recognize the dire need for increased services to treat our youth.

One of the unfortunate realities of the lack of mental health services is the fact that many juveniles convicted in the criminal justice system are in the system because they need mental health services. Recently, the Human Rights Watch released its year 2000 report entitled, "Punishment and Prejudice: Racial Disparities in the War on Drugs." This report detailing the discrepancies between criminal sentencing of African-American and Hispanic drug offenders versus White drug offenders in the juvenile justice system. This report also makes reference to the failure of minority youth to be provided adequate mental health services or appropriately sentenced according to their mental health needs.

Additionally, the New York Times released a study this past March that was conducted on 100 rampage killings. This Report indicated that mental health services could help prevent future outbreaks of violence among our youth and save students and their parents from the torture of another school shooting.

This is further support for the belief that all children need access to mental health services. Whether these services are provided in a private therapy session or in a group setting in community health clinics, private sessions or through the schools, we need to make these services available. That is why this Congress should support legislation that will help remedy the lack of mental health services in the school system.

The National Mental Health Association recommends initiatives to promote the "healthy physical and mental development for America's youth." They support initiatives like increased mental health services in the school

system and the surrounding community so that children have access to help when they need it. Recommended also are community based programs that promote good emotional development in children and adolescents.

Furthermore, the Substance Abuse and Mental Health Services Administration (SAMHSA) states that it advocates "legislation that would provide support to communities to integrate mental health principles, services and supports into existing early childhood programs . . ."

This is why I introduced my bill, H.R. 3455, "Give a Kid a Chance, Omnibus Mental Health Services Act for Children of 1999," which would provide mental health services to children, adolescents and their families in the schools and in our communities. Already, this bill is supported by 58 members of Congress and numerous organizations including the National Mental Health Association, the National Association of School Psychologists and the Federation of Families for Children's Mental Health.

By making mental health services more readily available, we can spot mental health issues in children early before we have escalated incidents of violence. My bill, H.R. 3455, would authorize the Substance Abuse and Mental Health Services Administration (SAMHSA) to work with the Department of Education (DOE) to increase the level of available resources for localities to identify emotional and behavioral problems in children and adolescents and to provide service through the schools and community based health clinics.

Unlike other limited legislative remedies, my bill would require local entities to implement "comprehensive community-based programs that provide public health interventions and promote good emotional development in children and adolescents. These programs would provide early intervention services when mental health problems occur and would reach children who may be at-risk for a serious emotional or behavioral disorder (SED) and/or substance abuse.

One of the significant points of my legislation is that in order for a student to access the services of any of the mental health professionals, he/she would not have to have a "medically diagnosed" mental health disorder. Thus, any student in need of someone to talk to about their emotional problems or simply in need of a "friend" would have access.

GENERAL LEAVE

Ms. JACKSON-LEE of Texas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the subject of this special order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

CONFERENCE REPORT ON H.R. 4810, MARRIAGE TAX RELIEF RECONCILIATION ACT OF 2000

Mr. ARMEY (during the special order of Ms. JACKSON-LEE of Texas), submitted the following conference report